45000185174

(Re	questor's Name)	· ,
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
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SECRETARY OF STATE ALLAHASSEE, FLORID

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COVER LETTER

	legistration Sec Division of Corp			
CUBIEC		ING SERVICE LLC		
SUBJECT	l;	Name of Limit	ed Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please retu	urn all correspon	dence concerning this matter to	o the following:	
		Michael J McGoey CPA		
			Name of Person	<u> </u>
		Michael J McGoey CPA In	c	
			Firm/Company	<u></u>
		639 East Ocean Ave, Ste 10)1	
			Address	
		Boynton Beach, FL 33435		
		mjmcgoey@aol.com	City/State and Zip Code	2815 NOV 12 SECRETARY AHASSE
		E-mail address: (to	o be used for future annual report notifica	ation) ART &
For furthe	r information co	oncerning this matter, please ca	11:	OV 12 F ETARY OF HASSEE.
Michael J	McGoey		561 734-8599 at ()	
	Name of	Person	Area Code Daytime T	Celephone Number 5
Enclosed	is a check for the	e following amount:		
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TR CLEANING SERVICE LLC				
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)		_	
The Articles of Organization for this Limited Liability Florida document number L15000185174	Company were filed on 10/30/2015		and assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company here:			
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or	the abbrev	iation "L.L.(C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADL	ORESS)			
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
•				
B. If amending the registered agent and/or reg	gistered office address on our records, <u>e</u>	ntēř the	name of	the n
registered agent and/or the new registered office ad	ldress here:		ಪ್	and the same
			NON .	1 1
Name of New Registered Agent:		SS		
		19 (2	m
New Registered Office Address:				
	Enter Florida street address	STATE I	Æ	\
	, Florid	la <u> </u>		
	City	2	Cip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Tobias Buchanan	735 Omar Rd	= Add
		West Palm Beach FL 33405	□ Remove
			Change
			□ Add
			Remove
			Change
			Add
			Remove
			Change
			SSEE C Removel
			Change
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ctive date, if other than the date	of filing:		(opt	tional)	
effective date is listed, the date must be sp	pecific and cannot be prior	r to date of filing of	or more than 90 days aft	er filing.) P	ursuant to 605.0
If the date inserted in this block dement's effective date on the Departr	ment of State's records	cable statutory i	lling requirements, tr	iis date wi	II not be listed
ecord specifies a delayed effe	ective date, but no	ot an effectiv	e time. at 12:01	a.m. or	the earlier
e 90th day after the record i	is filed.		,		
November 9	2015				
D 1 1 1 1					
Rulel 17	iture of a member or auth				
1 creper (union				

Page 3 of 3

Filing Fee: \$25.00